

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032746
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 174 Primary Registration District No. 5644 Registrar's No. 71

FILED AUG 26 1963

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) Lexington		c. CITY OR TOWN Odessa	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Goodloe Home		d. STREET ADDRESS (If outside, give location) East Side	

3. NAME OF DECEASED (Type or print) First William Middle Claude Last Campbell			4. DATE OF DEATH Aug. 15, 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/15/1983	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor			10b. KIND OF BUSINESS OR INDUSTRY employee		
11a. FATHER'S NAME Andy Campbell			11b. MOTHER'S MAIDEN NAME Eliza Buchanan		
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown			13. SOCIAL SECURITY NO. none		
14. NAME OF HUSBAND OR WIFE none			15. INFORMANT Mrs. Lucille Johnson		

16. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:		17. CITIZEN OF WHAT COUNTRY USA	
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IMMEDIATE CAUSE (a) Acute coronary thrombosis		Sudden	
DUE TO (b) Arterial sclerosis			
DUE TO (c) Arterial sclerosis			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 191960 to 8-12-63 and last saw her alive on 8-12-63	
Death occurred at 2:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE (Degree or title) Ben H Brasher MD	22b. ADDRESS Lexington, Mo.	22c. DATE SIGNED 8-16-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/17/63	23c. NAME OF CEMETERY OR CREMATORY Greenton Cemetery	23d. LOCATION (City, town, or county) (State) Odessa, Mo.
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24. FUNERAL DIRECTOR Husman-Sparks	25. DATE REC'D BY LOCAL REG. 8/17/63	26. REGISTRAR'S SIGNATURE M. E. Eastbrook
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 0546
2 0540
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4 0
5 0
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9 20.1
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12 86-0
13 3-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

William T. Sparks

Licensed Embalmer No.

4431

P. O. Address

Odessa, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.